

# Burnside Initial Incident Report

(for internal use only)

## Incident Information

Date reported:

4/29/2011

Title:

Outfall 001 Riverwater Return PH Excursion

Incident date:

4/29/2011

Incident time:

Approx: 4:45pm

Area:

Reverse Jet Polisher Area

Brief Description of known facts:

While making rounds in the plant, (b) (7)(C), (b) (6) found a leak on the Reverse Jet Polisher inlet valve which was leaking outside of the containment wall of the dike. We shut off spent & sulfur feed to the spent furnace so we could shutdown the Reverse Jet Polisher circulation pump to stop the leak. While in the process of cutting feeds off of the spent furnace, weak acid leaked into the Riverwater return sump (001).

Immediate action taken:

Notified supervision (b) (7)(C), (b) (6), then notified immediately afterwards (b) (7)(C), (b) (6).

Other action recommended:

Valve was fixed

TBD if any

Environmental deviation (Title V, other):

pH excursion

Chemical released:

Weak acid

Report Completed by:

(b) (7)(C), (b) (6)

Note: Deliver copy of form to manager upon completion

# Burnside Initial Incident Report

(for internal use only)

## Incident Information

Date reported: April 26<sup>th</sup>, 2011

Title: Boiler Feed Water Leaking from Spent Side of FAT Economizer

Incident date: April 25<sup>th</sup>, 2011

Incident time: 11:30 p.m.

Area: FAT Economizer

Brief Description of known facts: During the early part of the 2011 shutdown KBR employees were given the assignment to remove 6 each 2" 180 degree "U" bends on the Boiler feed water for the FAT Economizer for inspection purposes on the tubes. 3 of the "U" bends are on the lower bank of the vessel and the other 3 are on the upper bank. Scaffolds were built to provide access to each level. Once inspections were completed KBR employees were instructed to re-install the "U" bends. The Crew that removed the "U" bends was not the same crew that was assigned to reinstall them. The foreman did tell the crew that there were "U" bends on the upper level that also needed to be installed. After checking back on the progress of the work the assigned crew told the foreman that the job was complete. The foreman did not follow up and check to make sure all the "U" bends were installed on the upper level. On the evening of April 25<sup>th</sup> boiler feed water was introduced into the upper level and leaked out of the open flanges.

Immediate action taken: Dupont Maintenance and operation crew reinstalled the "U" bends later that evening. KBR supervision talked to the assigned foreman about the importance of performing QA work once the job is complete.

Other action recommended: KBR employees were assigned to check any and all flange connections on piping systems and vessels that were worked on during the shutdown for quality assurance of proper gasket material, missing bolts, and bolt tightness.

Environmental deviation(Title V, other):

Chemical released:

Report Completed by: (b) (7)(C), (b) (6)

# Burnside Initial Incident Report

(for internal use only)

## Incident Information

Date reported:

4/21/11

Title:

CIP + HIP Exchanger drains lack of containment

Incident date:

4/21/11

Incident time:

approx. 5:00pm

Area:

CIP + HIP Exchangers

Brief Description of known facts:

The CIP ~~area~~ + HIP Exchanger drains are not in a containment area. Supervision placed temp. containment under the drains when opened.

Immediate action taken:

Supervision recommended a first report ~~to be given~~

Other action recommended:

Environmental deviation(Title V, other):

None

Chemical released:

Weak acid condensate mixed w/ soda ash.

Report Completed by:

(b) (7)(C), (b) (6)

Note: Deliver copy of form to manager upon completion



# Burnside Initial Incident Report

(for internal use only)

## Incident Information

Date reported:

4/7/11

Title:

~~RAILROAD GATE DAMAGE~~ RAIL GATE DAMAGE

Incident date:

4/7/11

Incident time:

13:15

Area:

Railroad gate.

Brief Description of known facts:

(b) (7)(C), (b) (6)

Open for R/R Inspector to inspect track. (b) (7)(C), (b) (6) agreed to have gate half open. (b) (7)(C), (b) (6) came out of bathroom + noticed inspector gone + gate wide open so (b) (7)(C), (b) (6) panned around + could find no workers or inspectors in plant (it was lunch time) so called (b) (7)(C), (b) (6) to see if we could close gate, which he said we could. A few minutes later we noticed on camera that train had went through closed gate.

Immediate action taken:

(b) (7)(C), (b) (6)

contacted supervisor, supervision went to the rail gate to access situation.

Other action recommended:

• Work on communication to know when train is on + off site.

Environmental deviation (Title V, other):

None

Chemical released:

None

Report Completed by:

(b) (7)(C), (b) (6)

Note: Deliver copy of form to manager upon completion

## Burnside Initial Incident Report

(for internal use only)

### Incident Information

Date reported: 3/19/12

Title: Company vehicle stuck in the mud

Incident date: 3/18/12

Incident time: Night Shift

Area: North Fence Perimeter

Brief Description of known facts: Driving on the plant along the north perimeter of the fence line to verify if a gas leak was beyond the plant perimeter. While driving the truck it became stuck in the mud/soft ground.

Immediate action taken: Left the truck, and wrote up the truck status in the red book for maintenance to assist in the morning.

Other action recommended:

Environmental deviation(Title V, other): None

Chemical released: None

Report Completed by: (b) (7)(C), (b) (6)

Note: Deliver copy of form to manager upon completion

# Burnside Initial Incident Report

(for internal use only)

## Incident Information

Date reported: 3-19-12

Title: Operator

Incident date: 3-18-12

Incident time: Not sure

Area: North Fence Perimeter

### Brief Description of known facts:

SO3 Leak crossing fence line toward Onmet and Making Nightly security perimeter inspection as per Homeland security regs.

Immediate action taken: Noticed that leak was getting off site truck would not move, stuck in mud

### Other action recommended:

Environmental deviation (Title V, other):

Release contacted

(b) (7)(C), (b) (6)

Chemical released:

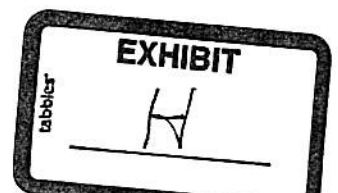
SO3

had (b) (7)(C), (b) (6) crew fix leak

Report Completed by:

(b) (7)(C), (b) (6)

Note: Deliver copy of form to manager upon completion



# Burnside Initial Incident Report

(for internal use only)

## Incident Information

Date reported: 3/19/2012

Title: CIP Gas Leak

Incident date: 3/18/2012

Incident time: Approx. 8:30p.m.

Area: CIP/HIP Exchanger

Brief Description of known facts: A gas leak on the CIP Exchanger was noticed by the outside operator

Immediate action taken: contacted supervision and environmental coordinator. Environmental coordinator responded first, advised to contact mark if gas leak was going off site.

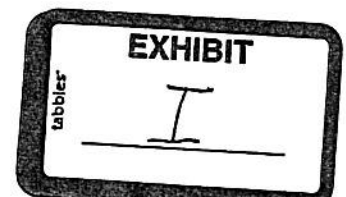
Other action recommended:

Environmental deviation(Title V, other): None

Chemical released: Gas mixture SO<sub>2</sub>/SO<sub>3</sub>

Report Completed by: (b) (7)(C), (b) (6)

Note: Deliver copy of form to manager upon completion







Burnside Plant

SafetyZone

Safety Zone - Burnside Transfer Facility Security Plan

Safety Zone Daily Checklist		
	Yes	No
1. Gates (auto & manual) locked, fences intact?	(b) (7)(C), (b) (6)	
2. Perimeter patrol completed, fences intact?		
3. Lighting adequate?		
4. Camera surveillance?		
5. All cameras working properly?		
6. Intruder Detection System operational?		
7. Any unauthorized vehicles observed?		(b) (7)(C), (b) (6)
8. Were these vehicles reported to site supervision?	N/A	
9. Any unusual sightings or events during patrols?	(b) (7)(C), (b) (6)	503 GAS Leaks

PLEASE REPORT ANY MALFUNCTIONS OF SECURITY EQUIPMENT TO DUPONT SUPERVISION.

Date:

3-18-12

Time:

21:00

Observer:

NOTES:

(b) (7)(C), (b) (6)

**Security Breach - Call 911 - CONFRONT TRESPASSERS WITH CAUTION. CONTACT FACILITY SECURITY OFFICER (T.J.)**

**NOTE: ANY SITE EMPLOYEE INVOLVED IN TAMPERING WITH SECURITY DEVICES WILL BE SUBJECT TO DISCIPLINARY ACTION. (IE SUSPENSION AND OR TERMINATION)!!!!!!**



# Burnside Initial Incident Report

(for internal use only)

## Incident Information

Date reported: My initial discovery of leak being as visual as it was the date is 5/19/12

Title: Operator

Incident date: 5/20/12

Incident time: 1700 hrs -0500

Water Plant Area

Brief Description of known facts: I was making rounds in the water plant when I starting getting an irritable feeling in my eyes. My mouth began having an unusual taste which brought on curious concerns.

Immediate action taken: I called the control room and talked to the board operator about my concerns and fact that I would like to have a S02 meter to determine if I am getting exposed to anything hazardous citing a exchanger leak that we have been having. I searched the lab, control room and elsewhere searching for a S02 meter. I wasn't successful in my attempt to locate a working meter however; I found one but it was inoperable. I was thinking that maybe something airborne may have flown in my eyes and maybe something I ate caused me to have that unusual taste in my mouth. I wasn't quite sure.

Other action recommended:

Environmental deviation(Title V, other):

Chemical released: S02 & S03

Report Completed by:

(b) (7)(C), (b) (6)

Note: Deliver copy of form to manager upon completion

## Burnside Initial Incident Report

(for internal use only)

### Incident Information

Date reported: 5-20-12

Title: Gas Leak on the CIP/HIP Heat Exchanger

Incident date: 5-20-12

Incident time: 4:15 am

Area: HIP & CIP

Brief Description of known facts: While making final rounds the outside operator noticed a smell of acid in the water plant and upon further investigation they noticed a steady cloud of gas coming from the top of the HIP exchanger

**Immediate action taken:**

Increased vacuum and began to notify supervision for the next course of action. Supervision contacted and had maintenance contractors come out to mitigate the leak

**Other action recommended:**

Environmental deviation(Title V, other): No

Chemical released: SO<sub>2</sub> & SO<sub>3</sub>

Report Completed by: (b) (7)(C), (b) (6)

Note: Deliver copy of form to manager upon completion

MAY

19

SATURDAY

2012 140th day - 226 days follow

Armed Forces Day (US)

2012

B

(B)

B. 1000 Jeff L.

- SWAPPED IN

TO SOUTH TANK

- STARTED IN

93% ACID @ 60 GPM

- SAMPLE CAUGH

IN TANK, 99.46

- SHUT DOWN PUMP

PUMP; NOW EQUALIZING

- UNLOAD RELOAD

PUMP

- PUMP 1000

PUMP plant lot cannot see (Gump) maybe  
will get next shift to switch out for.

A

K

K 51

K 10

K 57

A. C  
Che

(b) (7)(C), (b) (6)

Swamp  
the tank  
stopped(b) (7)(C),  
(b) (6)

B.

2 hrs

THE PUMP

in the

4:00 PM

5:00 PM

the South TANK @ 85% to  
TANK, making 99%  
production @ 85%in at 21:15 for  
holiday (Hns. VAC.

EQUALIZING

PUMP coming from the

up on maybe the CIP

has BEEN NOTIFIED. 0415



# Burnside Initial Incident Report

(for internal use only)

## Incident Information

Date reported: 4/28/2012

Title: Operator

Incident date: 4/28/2012

Incident time: 0600

Area: Exchangers

Brief Description of known facts: I was making rounds throughout the plant as usual when I noticed what appeared to be a gaseous leak coming from the CIP.

Immediate action taken: I approached the leak from different angles just to make sure of my assertions. After I was convinced of what I was looking at, I notified the board Operator and he notified the Supervisor. The Supervisor gave a directive to call maintenance so they could come out and take the necessary actions to stop the leak.

Other action recommended:

Environmental deviation(Title V, other):

Chemical released: gas leak

Report Completed by: (b) (7)(C), (b) (6)

Note: Deliver copy of form to manager upon completion

# Burnside Initial Incident Report

(for internal use only)

## Incident Information

Date reported:

4/11/12

Title:

operator

Incident date:

4/11/12

Incident time:

05:00

Area:

Process

Brief Description of known facts:

GAS  $SO_3$  +  $SO_2$  Leaking offsite  
toward Motiva - Southward

Immediate action taken:

Told inside operator when  
coming in for shift change

Other action recommended:

(b) (7)(C), (b) (6)

had workers re-establish vacuum

Environmental deviation (Title V, other):

yes

Chemical released:

$SO_3$  +  $SO_2$

Report Completed by:

(b) (7)(C), (b) (6)

Note: Deliver copy of form to manager upon completion



# DuPont Burnside Plant Work Permit

0475

In case of EMERGENCY,

RALLY SPOTS are

1. DuPont Shop

2. Contractor Shop

Issued to:

(b) (7)(C), (b) (6)

Supervisor:

(b) (7)(C), (b) (6)

Permit valid from:

Date:

05-28-12

Time:

900

To Date:

05-28-12

Time:

1900

Location:

CIP & HIP

Description of work:

check on suction hose on gas leaks

TYPE OF WORK:

- ☒ General Work...(Ref. block "A") ☐ Equipment Preparation (Ref. "F.")  
☐ Flame or Spark Producing Work.. (Ref. "B") ☐ Drilling/Grinding/Chipping...  
☐ Electrical Work...(Ref. "C") ☐ Asbestos/NARF...  
☐ Railroad Work (Ref. "D")

ADDITIONAL PERMITS REQUIRED:

- ☐ Confined Space Entry Permit ☐ Manlift Exit ☐ Crane Basket ☐ Wall Penetration ☐ Other  
☐ Line Break Permit (Ref. "E") ☐ Hydro Blasting... ☐ Grating Removal ☐ Excavation

* Gas Tests	%O <sub>2</sub>	%EXPLOSIBILITY(LEL)	TOXICITY				TESTED BY:
Monitor Used:			CO	H <sub>2</sub>	SO <sub>2</sub>	H <sub>2</sub> S	
In Area:							
In Equipment:							
Specify Order:							

SPECIAL HAZARDS TO PROTECT AGAINST: JHA REQUIRED

- ☐ Corrosive ☐ Radiation ☐ Noise ☐ Heat Stress ☐ Hot Water/Steam ☐ Other  
☐ Flammability ☐ Thermal ☐ Inert Atmosphere ☐ Falls ☐ Toxicity ☐ High Voltage

MINIMUM SAFETY PRECAUTIONS: JHA REQUIRED

- ☐ Rubber Gloves ☒ Work Gloves ☒ Barricade area, 'Yellow' 'RED' ☐ Critical Lift Plan  
☐ Rubber Boots ☒ Safety Harness ☐ Hard Barricade ☐ Spark Proof Tools  
☐ Acid Hood ☐ Metatarsal Guards ☐ Nomex - Coveralls/Hood/Gloves ☐ Other  
☐ Chemical Goggles/Spoggles ☐ Heat Gloves and Sleeves ☐ Warning signs ☒ Respirator: Circle type below.  
☐ Face Shield ☐ Water hose available ☐ PSM Trained ☒ Chem fullface  
☐ Totally Encapsulated Suit ☐ Keep area wet ☐ HAZWOPER Trained  
☐ Standard Acid Suit ☐ Kevlar Gloves ☐ Tyvek ☐ 3M-8511 Particulate Respirator  
☐ Rain Suit ☐ Hearing Protection ☐ Saranex Suit ☐ Breathing Air  
☐ Pink Acid Suit ☐ Radio issued? No. ☐ Pull fuses ☐ Breathing Air w/escape bottle

REFERENCE BLOCKS:

Area Prep. Block "A"	Fire Safety Block "B"	Electrical Safety Block "C"	Electrical Safety contd.	First Break Block "E"	Equip. Prep. Block "F"
<input type="checkbox"/> Rope off area	<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Lock, Tag, Try & Test	<input type="checkbox"/> Proper grounding	<input type="checkbox"/> Full Acid Suit	<input type="checkbox"/> Stop transfers
<input type="checkbox"/> Post work signs	<input type="checkbox"/> Water hose running	<input type="checkbox"/> Standby required 2300vac	<input type="checkbox"/> GFCI	<input type="checkbox"/> Lock, Tag, Try	<input type="checkbox"/> Disconnect
<input type="checkbox"/> Erect barricade	<input type="checkbox"/> Keep area wet	<input type="checkbox"/> Close proximity work	Railroad Permit Block "D"		<input type="checkbox"/> Blank
<input type="checkbox"/> Block roadway	<input type="checkbox"/> Fire blanket req'd	<input type="checkbox"/> > 50 volts	<input type="checkbox"/> Derail "A" locked?	<input type="checkbox"/> Level A	<input type="checkbox"/> Flush, non fuming
<input type="checkbox"/> Lock Tag & Try	<input type="checkbox"/> Fire watch req'd	<input type="checkbox"/> NOMEX as required	<input type="checkbox"/> Derail "B" locked?	<input type="checkbox"/> Steam Suit	<input type="checkbox"/> Lock, Tag, Try
		<input type="checkbox"/> Voltage Rated Gloves	<input type="checkbox"/> Blue flag up		

THE SUPERVISOR RECEIVING THIS PERMIT VERIFIES THAT ALL WORKERS: Supervisor's Initials

(b) (7)(C), (b) (6)

Date 05-28-12

	Yes	NA		Yes	NA
Are skilled in appropriate craft/trade	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Know emergency evacuation, alarms and rally spots	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have been through General Safety Orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Know the procedure for completion of job SAFELY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Understand applicable HAZCOM requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Know Proper Incident/Injury Reporting Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have been told the HAZARDS of the job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have inspected all tools/equipment/scaffolding	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Know the location/use of safety shower/eye wash stations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Understand HOUSEKEEPING is part of the JOB	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Know the location/use of Gailronics system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Understand all "SPECIAL PERMIT" requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL CONCERNS:

- ☐ Use drain pans ☐ Have Soda Ash available ☐ Use portable acid pump ☐ Other:  
☐ Use a funnel and hose ☐ Dike or dam ditch ☐ Use portable tank on trailer

APPROVED BY:

(b) (7)(C), (b) (6)

Contractor Supervisor

(b) (7)(C), (b) (6)

DuPont Operator

APPROVED BY:

DuPont Supervisor as needed.

JOB COMPLETED ?

YES

NO

Date:



## DuPont Burnside Plant Work Permit

## Work Permit

In case of EMERGENCY,

RALLY SPOTS are

1. DuPont Shop

2. BE&amp;K Shop

Issued to: (b) (7)(C), (b) (6)

Permit valid from: Date: 05-27-12 Time: 0700 To Date: 05-27-12 Time: 1900

Location: HIP

Additional Information: Repair gas leak

## TYPE OF PERMIT:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> General Work... (Ref. block "A") | <input type="checkbox"/> First Break... (Ref. "E.")        | <input type="checkbox"/> Hydro Blasting... |
| <input type="checkbox"/> Flame or Spark Producing Work... (Ref. "B") | <input type="checkbox"/> Equipment Preparation (Ref. "F.") | <input type="checkbox"/> Crane Basket      |
| <input type="checkbox"/> Electrical Work... (Ref. "C")               | <input type="checkbox"/> Drilling/Grinding/Chipping...     | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Railroad Work... (Ref. "D.")                | <input type="checkbox"/> Asbestos/NARF...                  |  |

## ADDITIONAL PERMITS REQUIRED:

☐ Vessel Entry Permit

## \* Gas Tests

In Area:	OXYGEN	EXPLOSIBILITY	TOXICITY (H <sub>2</sub> S)	TESTED BY:
In Equipment:				
Specify Order:				

## SPECIAL HAZARDS TO PROTECT AGAINST:

- |                                       |   |  |                                       |
|---------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Corrosive    | <input type="checkbox"/> Noise            | <input type="checkbox"/> Hot Water/Steam | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Flammability | <input type="checkbox"/> Inert Atmosphere | <input type="checkbox"/> Toxicity        | <input type="checkbox"/> High Voltage |

## MINIMUM SAFETY PRECAUTIONS:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Rubber Gloves                  | <input checked="" type="checkbox"/> Work Gloves    | <input checked="" type="checkbox"/> Barricade area, yellow 'RED' | <input type="checkbox"/> Critical Lift Plan                       |
| <input type="checkbox"/> Rubber Boots                   | <input checked="" type="checkbox"/> Safety Harness | <input type="checkbox"/> Hard Barricade                          | <input type="checkbox"/> Other:                                   |
| <input type="checkbox"/> Acid Hood                      | <input type="checkbox"/> Metatarsal Guards         | <input type="checkbox"/> Nomex                                   |   |
| <input type="checkbox"/> Chemical Goggles               | <input type="checkbox"/> Steam Suit                | <input type="checkbox"/> Warning signs                           | <input checked="" type="checkbox"/> Respirator: Circle type below |
| <input type="checkbox"/> Face shield                    | <input type="checkbox"/> Water hose available      | <input type="checkbox"/> PSM Trained                             | Dust Chem 1/2face Chem fullface                                   |
| <input type="checkbox"/> Butyl Rubber Acid Suit (Oleum) | <input type="checkbox"/> Keep area wet             | <input type="checkbox"/> HAZWOPER Trained                        | <input type="checkbox"/> 3 M - 6000. Painting Fumes               |
| <input type="checkbox"/> Standard Acid Suit             | <input type="checkbox"/> Kevlar Gloves             | <input type="checkbox"/> Tyvek                                   | <input type="checkbox"/> 3 M - 9900. Dust Mask                    |
| <input type="checkbox"/> Rain Suit                      | <input type="checkbox"/> Ear Protection            | <input type="checkbox"/> Spark Proof Tools                       | <input type="checkbox"/> 3 M - 9920. Galvanized Fumes             |
|   |  |  | <i>James</i>  |

## REFERENCE BLOCKS:

- | Area Prep. Block "A"                     | Fire Safety Block "B"                       | Electrical Safety Block "C"                     | Railroad Permit Block "D"                    | First Break Block "E"                   | Equip. Prep. Block "F"                     |
|--|---|---|--|---|--|
| <input type="checkbox"/> Rope off area   | <input type="checkbox"/> Fire extinguisher  | <input type="checkbox"/> Lock, Tag, & Try       | <input type="checkbox"/> Deraill "A" locked? | <input type="checkbox"/> Full Acid Suit | <input type="checkbox"/> Stop transfers    |
| <input type="checkbox"/> Post work signs | <input type="checkbox"/> Water hose running | <input type="checkbox"/> Pull fuses             | <input type="checkbox"/> Deraill "B" locked? | <input type="checkbox"/> Lock, Tag, Try | <input type="checkbox"/> Disconnect        |
| <input type="checkbox"/> Erect barricade | <input type="checkbox"/> Keep area wet      | <input type="checkbox"/> Proper grounding       | <input type="checkbox"/> Blue flag up        |   | <input type="checkbox"/> Blank             |
| <input type="checkbox"/> Block roadway   | <input type="checkbox"/> Fire blanket req'd | <input type="checkbox"/> Ground fault Interrupt |  |   | <input type="checkbox"/> Flush, non fuming |
| <input type="checkbox"/> Lock Tag & Try  | <input type="checkbox"/> Fire watch req'd   | <input type="checkbox"/> Nomex Coat & Hood      |  |   | <input type="checkbox"/> Lock, tag, try    |
|  |   | <input type="checkbox"/> Volt. Rated Gloves     |  |   |  |

## THE SUPERVISOR RECEIVING THIS PERMIT VERIFIES THAT ALL WORKERS: Supervisor's Initials

- |  | Yes                                 | NA                       |   | Yes                                 | NA                       |
|--|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|
| Are skilled in appropriate craft/trade                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Know emergency evacuation, alarms and rally spots | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Have been through General Safety Orientation             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Know the procedure for completion of job SAFELY   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Understand applicable HAZCOM requirements                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Know Proper Incident/Injury Reporting Procedure   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Have been told the hazards of the job                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have inspected all tools/equipment/scaffolding    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Know the location/use of safety shower/eye wash stations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Understand HOUSEKEEPING is part of the JOB        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Know the location/use of Gairtronics system              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Understand all "SPECIAL PERMIT" requirements      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## ENVIRONMENTAL CONCERNS:

- |  |  |   |        |
|--|--|---|--------|
| <input type="checkbox"/> Use drain pans        | <input type="checkbox"/> Have Soda Ash available | <input type="checkbox"/> Use portable acid pump       | Other: |
| <input type="checkbox"/> Use a funnel and hose | <input type="checkbox"/> Dike or dam ditch       | <input type="checkbox"/> Use portable tank on trailer |        |

APPROVED BY:

(b) (7)(C), (b) (6)

(DuPont Operator)

APPROVED BY:

(b) (7)(C), (b) (6)

(DuPont Supervisor)

APPROVED BY:

(DuPont Supervisor) as needed.



## DuPont Burnside Plant Work Permit

0474

In case of EMERGENCY,

RALLY SPOTS are

1. DuPont Shop

2. Contractor Shop

Issued to:	(b) (7)(C), (b) (6)	Supervisor:	(b) (7)(C), (b) (6)	
Permit valid from:	Date: 05-26-12	Time: 0600	To Date: 05-26-12	Time: 1900
Location: CIP & HIP				
Description of work: Repair gas leak on HIP - check all other hoses				
TYPE OF WORK: THE DANGER OF YOUR SURROUNDINGS				
<input checked="" type="checkbox"/> General Work...(Ref. block "A") <input type="checkbox"/> Equipment Preparation (Ref. "F.")				
<input type="checkbox"/> Flame or Spark Producing Work.. (Ref "B") <input type="checkbox"/> Drilling/Grinding/Chipping...				
<input type="checkbox"/> Electrical Work...( Ref. "C") <input type="checkbox"/> Asbestos/NARF...				
<input type="checkbox"/> Railroad Work (Ref. "D")				

ADDITIONAL PERMITS REQUIRED:				
<input type="checkbox"/> Confined Space Entry Permit	<input type="checkbox"/> Manlift Exit	<input type="checkbox"/> Crane Basket	<input type="checkbox"/> Wall Penetration	<input type="checkbox"/> Other
<input type="checkbox"/> Line Break Permit (Ref. "E")	<input type="checkbox"/> Hydro Blasting...	<input type="checkbox"/> Grating Removal	<input type="checkbox"/> Excavation	
* Gas Tests	%O <sub>2</sub>	%EXPLOSIBILITY(LEL)	TOXICITY	
Monitor Used:			CO	H <sub>2</sub>
In Area:			SO <sub>2</sub>	H <sub>2</sub> S
In Equipment:				
Specify Order:				

SPECIAL HAZARDS TO PROTECT AGAINST: JHA REQUIRED				
<input type="checkbox"/> Corrosive	<input type="checkbox"/> Radiation	<input type="checkbox"/> Noise	<input type="checkbox"/> Heat Stress	<input type="checkbox"/> Hot Water/Steam
<input type="checkbox"/> Flammability	<input type="checkbox"/> Thermal	<input type="checkbox"/> Inert Atmosphere	<input type="checkbox"/> Falls	<input type="checkbox"/> Toxicity
<input type="checkbox"/> Other				

MINIMUM SAFETY PRECAUTIONS: JHA REQUIRED				
<input type="checkbox"/> Rubber Gloves	<input checked="" type="checkbox"/> Work Gloves	<input checked="" type="checkbox"/> Barricade area, 'Yellow' 'RED'	<input type="checkbox"/> Critical Lift Plan	
<input type="checkbox"/> Rubber Boots	<input checked="" type="checkbox"/> Safety Harness	<input type="checkbox"/> Hard Barricade	<input type="checkbox"/> Spark Proof Tools	
<input type="checkbox"/> Acid Hood	<input type="checkbox"/> Metatarsal Guards	<input type="checkbox"/> Nomex - Coveralls/Hood/Gloves	<input checked="" type="checkbox"/> Other Manlift	
<input type="checkbox"/> Chemical Goggles/Spoggles	<input type="checkbox"/> Heat Gloves and Sleeves	<input type="checkbox"/> Warning signs	<input checked="" type="checkbox"/> Respirator: Circle type below.	
<input type="checkbox"/> Face Shield	<input type="checkbox"/> Water hose available	<input type="checkbox"/> PSM Trained	<input checked="" type="checkbox"/> Chem fullface	
<input type="checkbox"/> Totally Encapsulated Suit	<input type="checkbox"/> Keep area wet	<input type="checkbox"/> HAZWOPER Trained	<input type="checkbox"/> 3M-8511 Particulate Respirator	
<input type="checkbox"/> Standard Acid Suit	<input type="checkbox"/> Kevlar Gloves	<input type="checkbox"/> Tyvek	<input type="checkbox"/> Breathing Air	
<input type="checkbox"/> Rain Suit	<input checked="" type="checkbox"/> Hearing Protection	<input type="checkbox"/> Saranex Suit	<input type="checkbox"/> Breathing Air w/escape bottle	
<input type="checkbox"/> Pink Acid Suit	<input type="checkbox"/> Radio Issued ? No.	<input type="checkbox"/> Pull fuses		

REFERENCE BLOCKS:					
Area Prep. Block "A"	Fire Safety Block "B"	Electrical Safety Block "C"	Electrical Safety contd.	First Break Block "E"	Equip. Prep. Block "F"
<input type="checkbox"/> Rope off area	<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Lock, Tag, Try & Test	<input type="checkbox"/> Proper grounding	<input type="checkbox"/> Full Acid Suit	<input type="checkbox"/> Stop transfers
<input type="checkbox"/> Post work signs	<input type="checkbox"/> Water hose running	<input type="checkbox"/> Standby required 2300 <sub>vac</sub>	<input type="checkbox"/> GFCI	<input type="checkbox"/> Lock, Tag, Try	<input type="checkbox"/> Disconnect
<input type="checkbox"/> Erect barricade	<input type="checkbox"/> Keep area wet	<input type="checkbox"/> Close proximity work	<input type="checkbox"/> Railroad Permit Block "D"	<input type="checkbox"/> Pink Acid Suit	<input type="checkbox"/> Blank
<input type="checkbox"/> Block roadway	<input type="checkbox"/> Fire blanket req'd	<input type="checkbox"/> > 50 volts	<input type="checkbox"/> Derail "A" locked?	<input type="checkbox"/> Level A	<input type="checkbox"/> Flush, non fuming
<input type="checkbox"/> Lock Tag & Try	<input type="checkbox"/> Fire watch req'd	<input type="checkbox"/> NOMEX as required	<input type="checkbox"/> Derail "B" locked?	<input type="checkbox"/> Steam Suit	<input type="checkbox"/> Lock, Tag, Try
		<input type="checkbox"/> Voltage Rated Gloves	<input type="checkbox"/> Blue flag up		

THE SUPERVISOR RECEIVING THIS PERMIT VERIFIES THAT ALL WORKERS: Supervisor's Initials (b) (7)(C), (b) (6) Date: 05-26-12					
Are skilled in appropriate craft/trade	Yes	NA	Know emergency evacuation, alarms and rally spots	Yes	NA
Have been through General Safety Orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Know the procedure for completion of job SAFELY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Understand applicable HAZCOM requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Know Proper Incident/Injury Reporting Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have been told the HAZARDS of the job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have inspected all tools/equipment/scaffolding	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Know the location/use of safety shower/eye wash stations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Understand HOUSEKEEPING is part of the JOB	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Know the location/use of Gaitronics system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Understand all "SPECIAL PERMIT" requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL CONCERNS:				
<input type="checkbox"/> Use drain pans	<input type="checkbox"/> Have Soda Ash available	<input type="checkbox"/> Use portable acid pump	Other: _____	
<input type="checkbox"/> Use a funnel and hose	<input type="checkbox"/> Dike or dam ditch	<input type="checkbox"/> Use portable tank on trailer		

APPROVED BY: (b) (7)(C), (b) (6)	Contractor Supervisor: (b) (7)(C), (b) (6)	act inator
DuPont Operator		
APPROVED BY: _____	JOB COMPLETED ?	YES NO
DuPont Supervisor as needed.		Date: _____

# Burnside Initial Incident Report

(for internal use only)

## Incident Information

Date reported:

5/25/12

Title:

operations

Outside #3

Incident date:

5/25/12

Incident time:

21:30

Area:

CIP + HIP

Brief Description of known facts:

still leaking from yesterday  
going north (No body came to work on  
hoses?)

Immediate action taken:

called supervision left message

Other action recommended:

?

Environmental deviation(Title V, other):

R

Chemical released:

SO<sub>2</sub> + SO<sub>3</sub>

Report Completed by:

(b) (7)(C), (b) (6)

Note: Deliver copy of form to manager upon completion



78750

## DuPont Burnside Plant Work Permit

## Work Permit

In case of EMERGENCY,

RALLY SPOTS are

1. DuPont Shop

2. BE&amp;K Shop

Issued to:

DuPont Maint.

Permit valid from:

Date:

5/25/12

Time:

0900

To Date:

5/25/12

Time:

1630

Location:

LIP &amp; NIP Exchangers

Additional Information:

Reconnecting Suction Lines

## TYPE OF PERMIT:

☒ General Work...(Ref. block "A")☐ Flame or Spark Producing Work...(Ref. "B")☐ Electrical Work...(Ref. "C")☐ Railroad Work...(Ref. "D")☐ First Break...(Ref. "E")☐ Equipment Preparation (Ref. "F")☐ Drilling/Grinding/Chipping...☐ Asbestos/NARF...☐ Hydro Blasting...☐ Crane Basket☐ Other

## ADDITIONAL PERMITS REQUIRED:

☐ Vessel Entry Permit☐

## \* Gas Tests

OXYGEN

EXPLOSIBILITY

TOXICITY (H<sub>2</sub>S)

TESTED BY:

In Area:

In Equipment:

Specify Order:

## SPECIAL HAZARDS TO PROTECT AGAINST:

☐ Corrosive☐ Flammability☐ Noise☐ Inert Atmosphere☐ Hot Water/Steam☐ Toxicity☐ Other☐ High Voltage

## MINIMUM SAFETY PRECAUTIONS:

☐ Rubber Gloves☐ Rubber Boots☐ Acid Hood☐ Chemical Goggles☐ Face shield☐ Butyl Rubber Acid Suit (Oleum)☐ Standard Acid Suit☐ Rain Suit☒ Work Gloves☒ Safety Harness☐ Metatarsal Guards☐ Steam Suit☐ Water hose available☐ Keep area wet☐ Kevlar Gloves☐ Ear Protection☐ Barricade area, 'yellow' 'RED'☐ Hard Barricade☐ Nomex☐ Warning signs☐ PSM Trained☐ HAZWOPER Trained☐ Tyvek☐ Spark Proof Tools☐ Critical Lift Plan☐ Other:☐ Respirator: Circle type below.☐ Dust Chem 1/2 face Chem fullface☐ 3 M- 6000. Painting Fumes☐ 3 M- 9900. Dust Mask☐ 3 M- 9920. Galvanized Fumes

## REFERENCE BLOCKS:

## Area Prep. Block "A"

☐ Rope off area☐ Post work signs☐ Erect barricade☐ Block roadway☐ Lock Tag & Try

## Fire Safety Block "B"

☐ Fire extinguisher☐ Water hose running☐ Keep area wet☐ Fire blanket req'd☐ Fire watch req'd

## Electrical Safety Block "C"

☐ Lock, Tag, & Try☐ Pull fuses☐ Proper grounding☐ Ground fault Interrupt☐ Nomex Coat & Hood☐ Volt. Rated Gloves

## Railroad Permit Block "D"

☐ Deraill "A" locked?☐ Deraill "B" locked?☐ Blue flag up

## First Break Block "E"

☐ Full Acid Suit☐ Lock, Tag, Try

## Equip. Prep. Block "F"

☐ Stop transfers☐ Disconnect☐ Blank☐ Flush, non fuming☐ Lock, tag, try

## THE SUPERVISOR RECEIVING THIS PERMIT VERIFIES THAT ALL WORKERS: Supervisor's Initials

(b) (7)(C), (b) (6)

Date: 5/25/12

Are skilled in appropriate craft/trade

Have been through General Safety Orientation

Understand applicable HAZCOM requirements

Have been told the hazards of the job

Know the location/use of safety shower/eye wash stations

Know the location/use of Gairtronics system

Yes NA

☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐

Know emergency evacuation, alarms and rally spots

Know the procedure for completion of job SAFELY

Know Proper Incident/Injury Reporting Procedure

Have inspected all tools/equipment/scaffolding

Understand HOUSEKEEPING is part of the JOB

Understand all "SPECIAL PERMIT" requirements

Yes NA

☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐

## ENVIRONMENTAL CONCERNS:

☐ Use drain pans☐ Use a funnel and hose☐ Have Soda Ash available☐ Dike or dam ditch☐ Use portable acid pump☐ Use portable tank on trailer

Other:

APPROVED BY:

(b) (7)(C), (b) (6)

(DuPont Operator)

APPROVED BY:

(b) (7)(C), (b) (6)

(Contractor Supervisor)

APPROVED BY:

(DuPont Supervisor) as needed.

# Burnside Initial Incident Report

(for internal use only)

## Incident Information

Date reported: 5-24-12

Title: Gas Leak on the HIP Heat Exchanger

Incident date: 5-24-12

Incident time: 21:30

Area: HIP

Brief Description of known facts: While making Homeland security check gas leak was noticed coming off the hoes above the HIP.

Immediate action taken: Notified supervision

Other action recommended: Reduce sulfur burden in order to reduce pressure across the heat exchanger

Environmental deviation(Title V, other): No

Chemical released: SO<sub>2</sub> & SO<sub>3</sub>

Report Completed by: (b) (7)(C), (b) (6)

Note: Deliver copy of form to manager upon completion

I wrote This read how they interpreted what I wrote on next page

## Burnside Initial Incident Report

(for internal use only)

### Incident Information

Date reported:

5-24-12

Title:

Operator

Incident date:

5-24-12

Incident time:

21:30

Area:

Above Hip + Cip

Brief Description of known facts:

Noticed while doing my initial Home land security check  $SO_3 + SO^2$  GAS coming off hoses above exchangers going North off site

Immediate action taken:

called supervision to report

GAS (b) (7)(C), (b) (6) said  
Other action recommended:

Will have people available SAT. to rework hoses

Environmental deviation (Title V, other):

Chemical released:

$SO^2 + SO_3$

Report Completed by:

(b) (7)(C), (b) (6)

Note: Deliver copy of form to manager upon completion



# DuPont Burnside Plant Work Permit

In case of EMERGENCY, RALLY SPOTS are 1. DuPont Shop 2. Contractor Shop

Issued to: (b) (7)(C), (b) (6)		Supervisor: (b) (7)(C), (b) (6)	
Permit valid from:	Date: 05-24-12	Time: 0900	To Date: 05-24-12
Location: CIP 1411			
Description of work: 6" pipe saddle			
TYPE OF WORK:			
<input type="checkbox"/> General Work... (Ref. block "A") <input type="checkbox"/> Equipment Preparation (Ref. "F.") <input type="checkbox"/> Flame or Spark Producing Work... (Ref. "B") <input type="checkbox"/> Drilling/Grinding/Chipping... <input type="checkbox"/> Electrical Work... (Ref. "C") <input type="checkbox"/> Asbestos/NARF... <input type="checkbox"/> Railroad Work (Ref. "D")			

ADDITIONAL PERMITS REQUIRED:				
<input type="checkbox"/> Confined Space Entry Permit	<input type="checkbox"/> Manlift Exit	<input type="checkbox"/> Crane Basket	<input type="checkbox"/> Wall Penetration	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Line Break Permit (Ref. "E")	<input type="checkbox"/> Hydro Blasting...	<input type="checkbox"/> Grating Removal	<input type="checkbox"/> Excavation	

* Gas Tests	%O <sub>2</sub>	%EXPLOSIBILITY(LEL)	TOXICITY				TESTED BY:
Monitor Used:			CO	H <sub>2</sub>	SO <sub>2</sub>	H <sub>2</sub> S	
In Area:							
In Equipment:							
Specify Order:							

SPECIAL HAZARDS TO PROTECT AGAINST: JHA REQUIRED					
<input type="checkbox"/> Corrosive	<input type="checkbox"/> Radiation	<input type="checkbox"/> Noise	<input type="checkbox"/> Heat Stress	<input type="checkbox"/> Hot Water/Steam	<input type="checkbox"/> Other
<input type="checkbox"/> Flammability	<input type="checkbox"/> Thermal	<input type="checkbox"/> Inert Atmosphere	<input type="checkbox"/> Falls	<input type="checkbox"/> Toxicity	<input type="checkbox"/> High Voltage

MINIMUM SAFETY PRECAUTIONS: JHA REQUIRED					
<input type="checkbox"/> Rubber Gloves	<input checked="" type="checkbox"/> Work Gloves	<input type="checkbox"/> Barricade area, 'Yellow' 'RED'	<input type="checkbox"/> Critical Lift Plan		
<input type="checkbox"/> Rubber Boots	<input type="checkbox"/> Safety Harness	<input type="checkbox"/> Hard Barricade	<input type="checkbox"/> Spark Proof Tools		
<input type="checkbox"/> Acid Hood	<input type="checkbox"/> Metatarsal Guards	<input type="checkbox"/> Nomex - Coveralls/Hood/Gloves	<input type="checkbox"/> Other		
<input type="checkbox"/> Chemical Goggles/Spoggles	<input type="checkbox"/> Heat Gloves and Sleeves	<input type="checkbox"/> Warning signs	<input checked="" type="checkbox"/> Respirator: Circle type below.		
<input type="checkbox"/> Face Shield	<input type="checkbox"/> Water hose available	<input type="checkbox"/> PSM Trained	<input checked="" type="checkbox"/> Chem fullface		
<input type="checkbox"/> Totally Encapsulated Suit	<input type="checkbox"/> Keep area wet	<input type="checkbox"/> HAZWOPER Trained			
<input type="checkbox"/> Standard Acid Suit	<input type="checkbox"/> Kevlar Gloves	<input type="checkbox"/> Tyvek	<input type="checkbox"/> 3M-8511 Particulate Respirator		
<input type="checkbox"/> Rain Suit	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Saranex Suit	<input type="checkbox"/> Breathing Air		
<input type="checkbox"/> Pink Acid Suit	<input type="checkbox"/> Radio Issued? No.	<input type="checkbox"/> Pull fuses	<input type="checkbox"/> Breathing Air w/escape bottle		

REFERENCE BLOCKS:					
Area Prep. Block "A"	Fire Safety Block "B"	Electrical Safety Block "C"	Electrical Safety contd.	First Break Block "E"	Equip. Prep. Block "F"
<input type="checkbox"/> Rope off area	<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Lock, Tag, Try & Test	<input type="checkbox"/> Proper grounding	<input type="checkbox"/> Full Acid Suit	<input type="checkbox"/> Stop transfers
<input type="checkbox"/> Post work signs	<input type="checkbox"/> Water hose running	<input type="checkbox"/> Standby required 2300vac	<input type="checkbox"/> GFCI	<input type="checkbox"/> Lock, Tag, Try	<input type="checkbox"/> Disconnect
<input type="checkbox"/> Erect barricade	<input type="checkbox"/> Keep area wet	<input type="checkbox"/> Close proximity work	<input type="checkbox"/> Railroad Permit Block "D"	<input type="checkbox"/> Pink Acid Suit	<input type="checkbox"/> Blank
<input type="checkbox"/> Block roadway	<input type="checkbox"/> Fire blanket req'd	<input type="checkbox"/> > 50 volts	<input type="checkbox"/> Derail "A" locked?	<input type="checkbox"/> Level A	<input type="checkbox"/> Flush, non fuming
<input type="checkbox"/> Lock Tag & Try	<input type="checkbox"/> Fire watch req'd	<input type="checkbox"/> NOMEX as required	<input type="checkbox"/> Derail "B" locked?	<input type="checkbox"/> Steam Suit	<input type="checkbox"/> Lock, Tag, Try
		<input type="checkbox"/> Voltage Rated Gloves	<input type="checkbox"/> Blue flag up		

THE SUPERVISOR RECEIVING THIS PERMIT VERIFIES THAT ALL WORKERS: Supervisor's Initials _____ Date: _____					
Are skilled in appropriate craft/trade	Yes	NA	Know emergency evacuation, alarms and rally spots	Yes	NA
Have been through General Safety Orientation	<input type="checkbox"/>	<input type="checkbox"/>	Know the procedure for completion of job SAFELY	<input type="checkbox"/>	<input type="checkbox"/>
Understand applicable HAZCOM requirements	<input type="checkbox"/>	<input type="checkbox"/>	Know Proper Incident/Injury Reporting Procedure	<input type="checkbox"/>	<input type="checkbox"/>
Have been told the HAZARDS of the job	<input type="checkbox"/>	<input type="checkbox"/>	Have inspected all tools/equipment/scaffolding	<input type="checkbox"/>	<input type="checkbox"/>
Know the location/use of safety shower/eye wash stations	<input type="checkbox"/>	<input type="checkbox"/>	Understand HOUSEKEEPING is part of the JOB	<input type="checkbox"/>	<input type="checkbox"/>
Know the location/use of Gailronics system	<input type="checkbox"/>	<input type="checkbox"/>	Understand all "SPECIAL PERMIT" requirements	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL CONCERNS:			
<input type="checkbox"/> Use drain pans	<input type="checkbox"/> Have Soda Ash available	<input type="checkbox"/> Use portable acid pump	Other: _____
<input type="checkbox"/> Use a funnel and hose	<input type="checkbox"/> Dike or dam ditch	<input type="checkbox"/> Use portable tank on trailer	

APPROVED BY: (b) (7)(C), (b) (6)	Contractor Supervisor: (b) (7)(C), (b) (6)	Contract Coordinator: _____
APPROVED BY: _____ JOB COMPLETED? YES NO Date: _____		
DuPont Supervisor as needed.		